



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

Health Plans, Inc.														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	233	233
PR	2011	0	0	1,584	0	2,126	228	0	0	437	0	0	186	4561
PR	2012	0	0	677	0	0	90	0	0	36				803
ME	2009	0	0	0	0	0	0	0	0	0	0	0	82,329	82329
ME	2010	0	0	0	0	0	0	0	0	0	0	0	85,140	85140
ME	2011	85,470	85,523	85,523	85,523	85,523	85,523	85,523	85,523	85,523	53,636	53,849	53,004	930,143
ME	2012	59,727	58,602	58,252	58,118	57,005	56,319	61,680	61,922	62,057				533,682
PV	2011	1,979	279	245	766	230	321	738	385	3,225	101	81	586	8,936
PV	2012	30,984	363	118	156	86	143	1,823	381	115				34,169
MC	2008	49,208	44,082	52,781	49,215	62,358	47,645	57,471	45,396	62,765	52,493	49,010	61,452	633,876
MC	2009	66,596	47,392	65,801	70,418	60,331	60,893	71,942	59,330	59,560	62,788	65,986	70,643	761,680
MC	2010	70,717	66,063	77,313	66,667	79,817	72,432	65,430	76,173	87,324	72,099	67,401	81,137	882,573
MC	2011	68,777	72,286	100,921	113,250	94,978	105,277	96,373	99,958	85,918	88,797	91,069	106,556	1,124,160
MC	2012	86,420	106,726	98,922	101,058	95,567	97,818	94,245	99,641	101,489				881,886
PC	2008	19,512	18,377	18,991	19,959	20,960	19,889	20,736	20,082	20,781	21,836	20,395	22,318	243,836
PC	2009	22,978	25,781	28,045	26,468	26,688	29,161	25,820	25,327	26,842	27,814	27,646	30,681	323,251
PC	2010	26,564	22,093	24,828	27,321	27,841	27,931	28,101	28,021	27,901	30,112	31,753	32,196	334,662
PC	2011	33,042	30,917	33,603	31,933	36,863	32,799	28,952	27,336	27,493	25,960	29,599	26,378	364,875
PC	2012	31,920	26,392	23,862	27,689	33,147	28,558	27,047	23,954	26,259				248,828
DC	2008	2,871	2,481	3,047	3,293	3,394	3,042	3,376	3,138	3,180	3,776	3,354	3,208	38,160
DC	2009	3,282	3,363	3,398	3,849	3,637	3,475	3,366	3,546	2,957	2,902	3,280	3,405	40,460
DC	2010	3,579	3,240	4,021	3,527	3,327	3,308	3,122	3,665	3,231	3,191	2,673	3,207	40,091
DC	2011	3,191	2,920	3,392	2,989	3,450	3,092	2,692	3,686	2,824	2,667	2,371	3,029	36,303
DC	2012	2,769	2,602	3,440	2,846	3,362	2,785	2,408	2,902	2,448				25,562

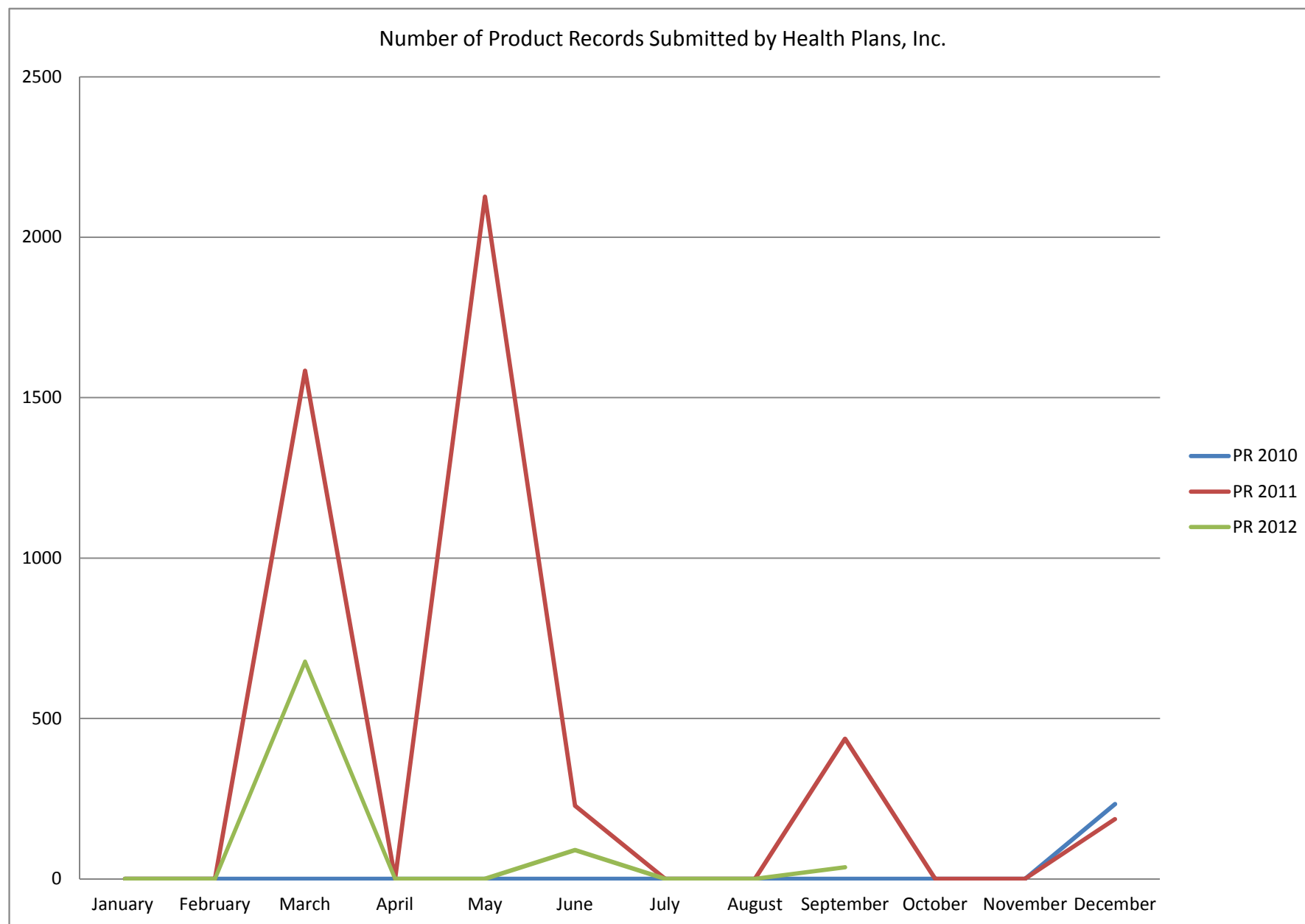
***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

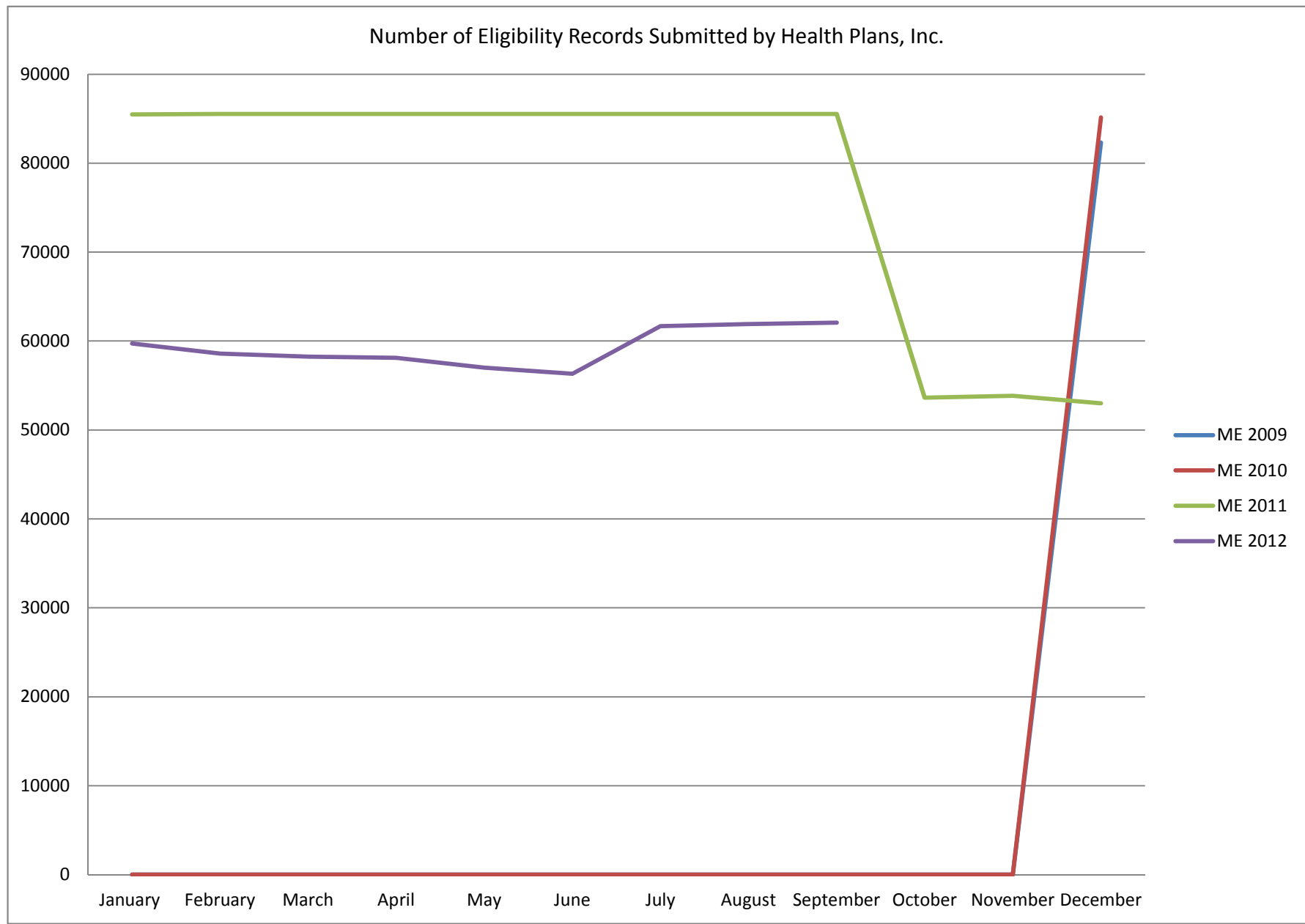
- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

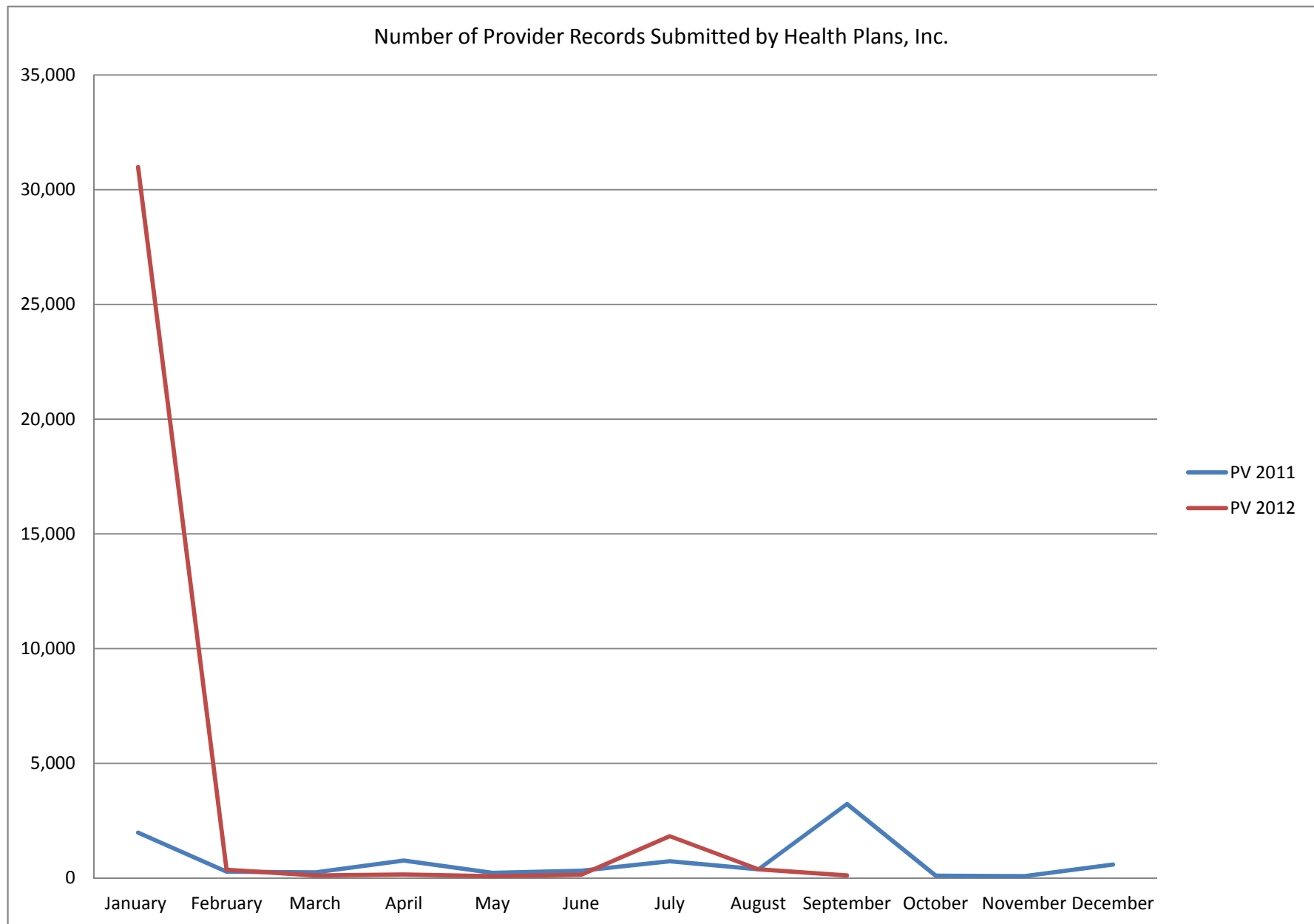
These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.

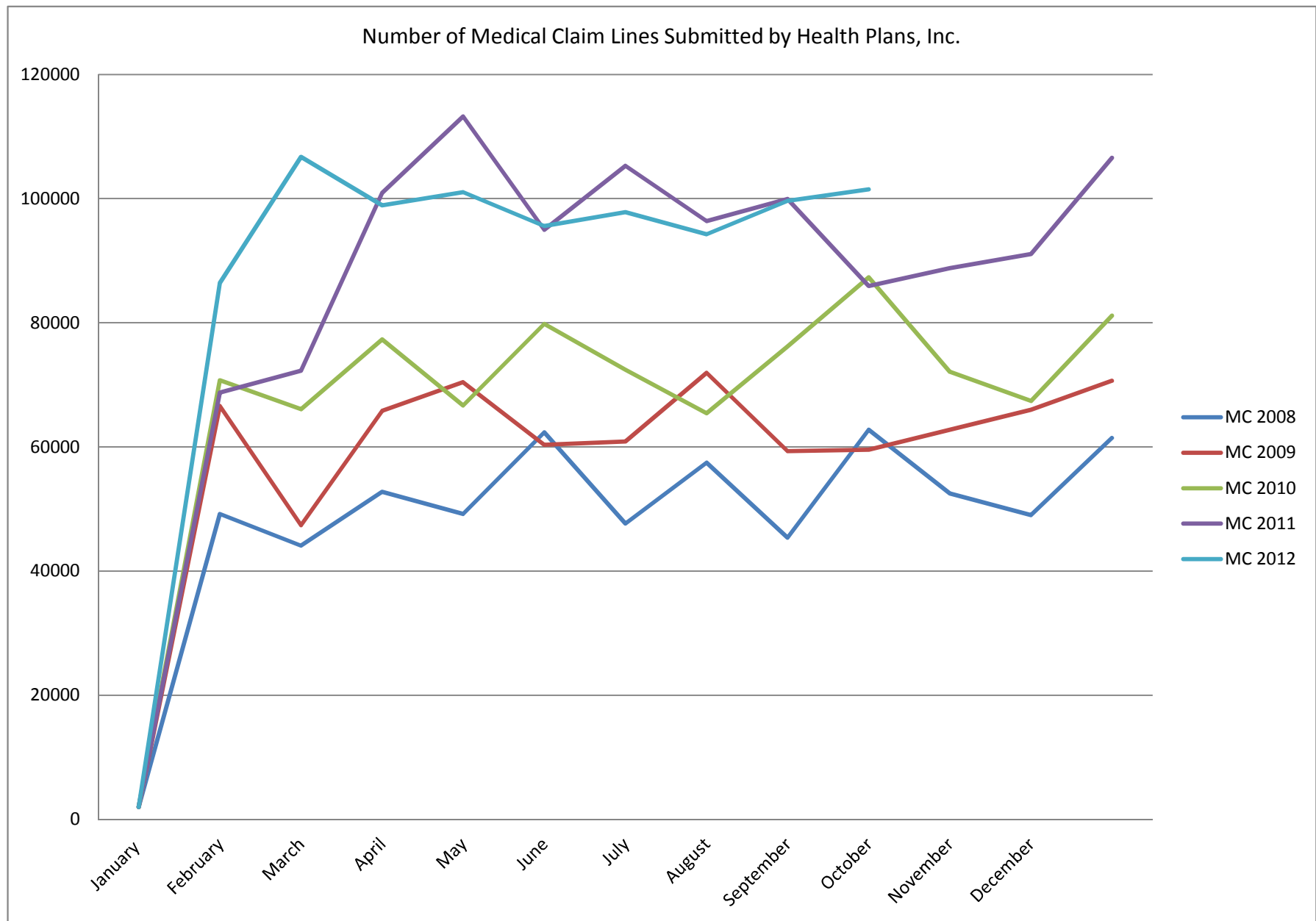
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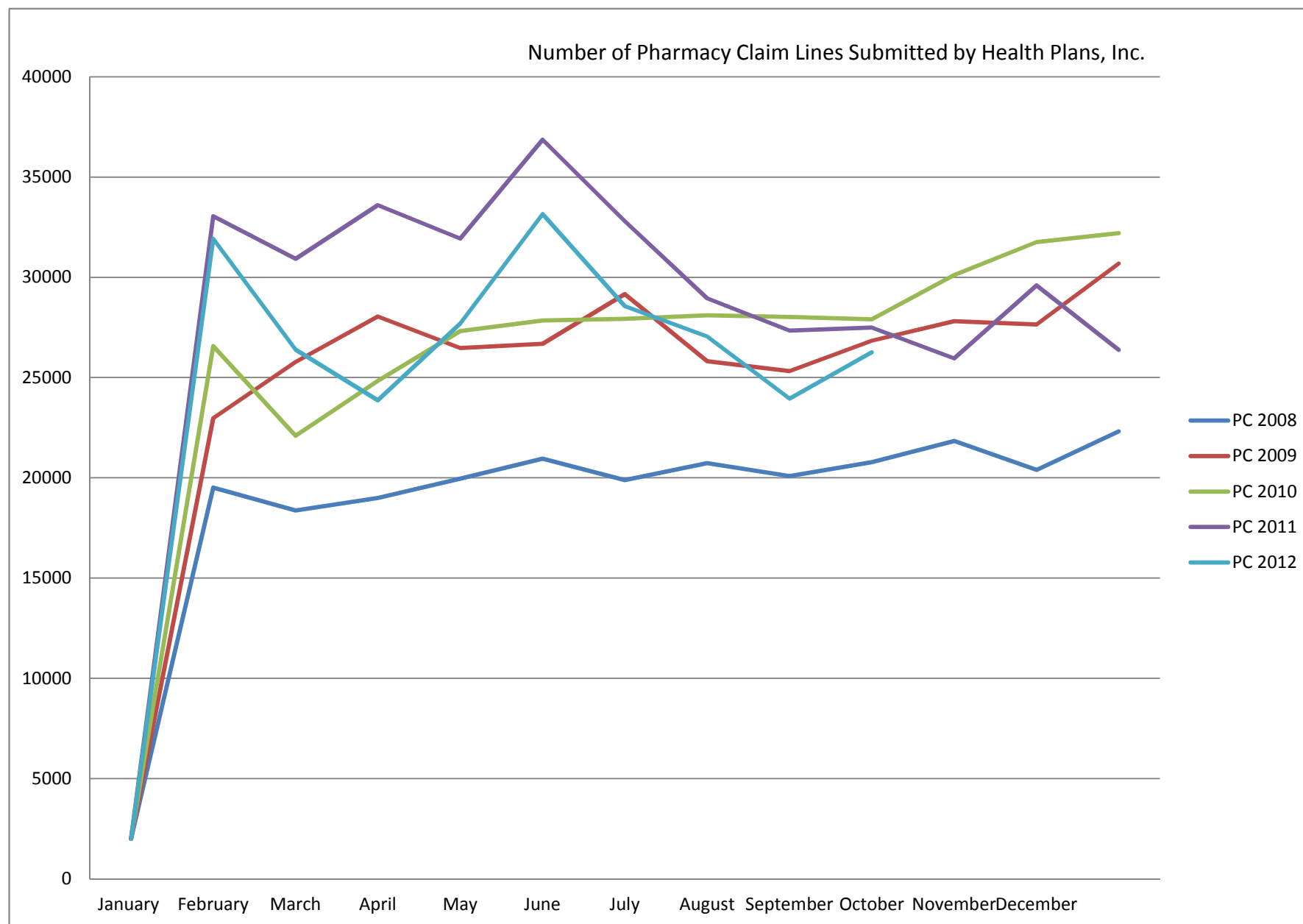


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